Challenge TB - Afghanistan

Year 2

Quarterly Monitoring Report

April – June 2016

Submission date: July 29, 2016

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Cover photo: His Excellency, Dr. Ferouzudin Feruz, Minister of Public Health of Afghanistan, inaugurating the digital X-ray machine in the children's ward of Mazar regional hospital.

This report was made possible through the support for Challenge TB provided by the United States Agency for International Development (USAID), under the terms of cooperative agreement number AID-OAA-A-14-00029.

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Abbreviations

AFB	Acid Fast Bacilli
BPHS	Basic Package of Health Services
CB-DOTS	Community Based DOTS
CBHC	Community Based Health Care
CCM	Country Coordination Mechanism
CHCs	Comprehensive Health Centers
CHWs	Community Health Workers
CTB	Challenge TB
DOT	Direct Observed Therapy
DOTS	Direct Observed Therapy Short Course
EHIS	Evaluation and Health Information System
GCMU	Grant and Contract Management Unit
GF	Global Fund
HCW	Health Care Worker
HFs	Health Facilities
HH	Hand Hygiene
IDP	Internally Displaced Persons
IPT	Isoniazid Preventive Therapy
KNCV	Netherlands' Tuberculosis Organization
MOPH	Ministry of Public Health
MSH	Management Sciences for Health
NFM	New Funding Module
NGOs	Non-Governmental Organizations
NTP	National Tuberculosis Program
OR	Operations Research
PHO	Provincial Public Health Office
PP	Private Practitioner
PR	Principle Recipient
Q1	Quarter One
Q2	Quarter Two
Q3	Quarter Three
Q4	Quarter Four
QRW	Quarterly Review Workshop
SEHAT	Health Project implementing primary health care
SOP	Standard Operation Procedure
SR	Sub Recipients
STTA	Short Term Technical Assistance
TB	Tuberculosis
TBIC	Tuberculosis Infection Control
TBIS	Tuberculosis Information System
TST	Tuberculosis Skin Test
TVs	Televisions
UNDP	United Nation Development Program
USAID	United States Agency for International Development
USD	United States Dollar
UV	Ultraviolet
WHO	World Health Organization

1. Quarterly Overview

Country	Afghanistan
Lead Partner	MSH
Other partners	
Workplan timeframe	October 2015 – September 2016
Reporting period	April – May 2016

Most significant achievements: *(Max 5 achievements)*

Digital X-ray installation

Challenge TB (CTB) committed to providing increased access to tuberculosis (TB) services for vulnerable populations, including children. Therefore, three digital X-ray machines were purchased, delivered, and installed in three children's hospitals in the cities of Mazar e Sharif, Herat, and Kandahar under the supervision of His Excellency, Dr. Ferozudin Feroz, the Minister of Public Health (MOPH). In addition to the digital X-ray machines, the packages of equipment provided to the provinces included a scanner, a printer, two sets of adult-sized and child-sized cassettes, a set of uninterruptible power sources, and a stabilizer. The X-ray rooms were set up in accordance with current standards and to reduce the risk of X-rays to clients and care providers. Dr. Feroz inaugurated the digital X-ray machine utilization in a ceremony in the city of Mazar e Sharif, which was attended by Dr. Shersha from the USAID mission in Kabul. These facilities will increase the access of children to TB services; it is expected that at least 10,000 children will benefit from quality X-ray services and that several TB cases will be diagnosed among them as a result.

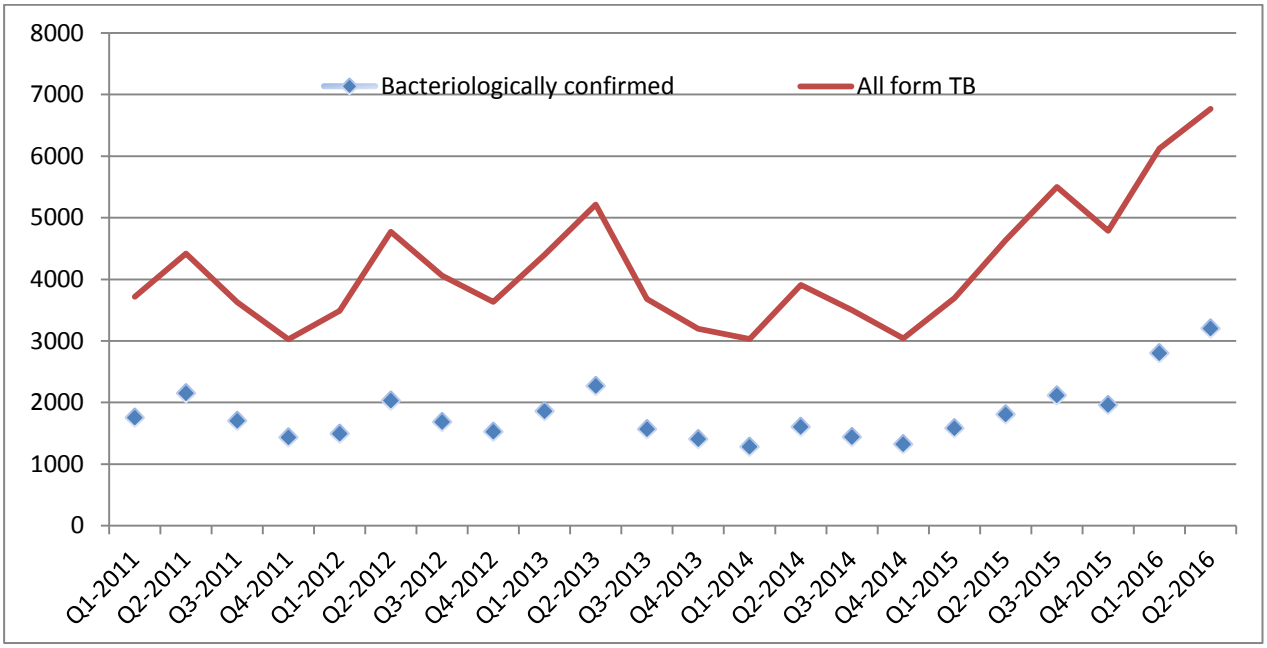
Picture 1: Haji Rasool, an X-ray technician from Kandahar Mirwais hospital, explaining the new machine donated by Challenge TB/USAID to audiences.

1.1.3 CTB contribution to TB case notification and treatment

During this quarter, CTB assisted NTP in meeting its strategic objective of finding TB patients. The CTB interventions and strategies resulted in improved TB case notification for all forms of TB cases, including those that were

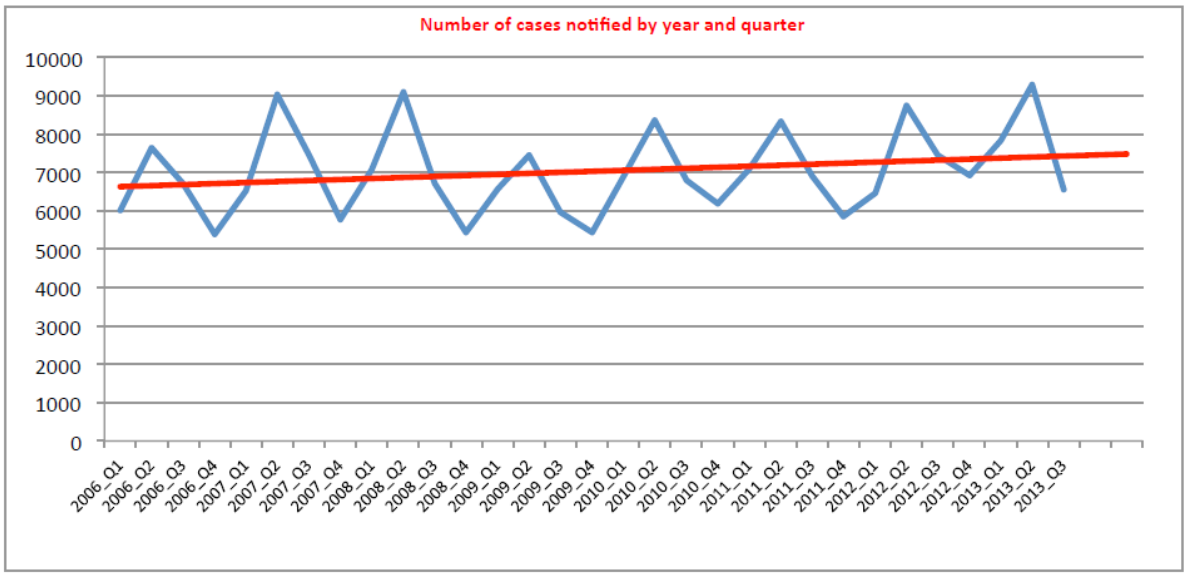
bacteriologically confirmed. For example, during April-June 2016, in 15 intervention provinces, 51,987 presumptive TB cases were identified and examined for acid fast bacilli, which led to a 10% increase in case notification for all forms of TB and an 14% increase in bacteriologically confirmed TB cases. In summary, since April 2016, in CTB intervention areas, 6,767 TB cases of all forms were notified and 3,201 cases of bacteriologically confirmed TB were notified (See Figure 1).

Figure 1: Trend of TB case notification in USAID-funded TB projects' intervention areas



Also, there is same trend in TB case notification in Afghanistan. The data analysis from 2006-2014 shows same seasonal variation in all over Afghanistan (see figure 2)

Figure 2: trend of TB case notification in Afghanistan 2006-2013*



*blue line : number of cases, red line: trendline

Moreover, CTB assisted NTP in improving the TB treatment success rate (TSR). For instance, the assistance extended to having health care providers ensure that follow-up examinations were conducted and that TB patients received their treatment as per the schedule. That resulted in sustaining a treatment success rate of 89% in CTB intervention provinces (2,555/2,876; April-June 2015 cohort).

Urban DOTS implementation:

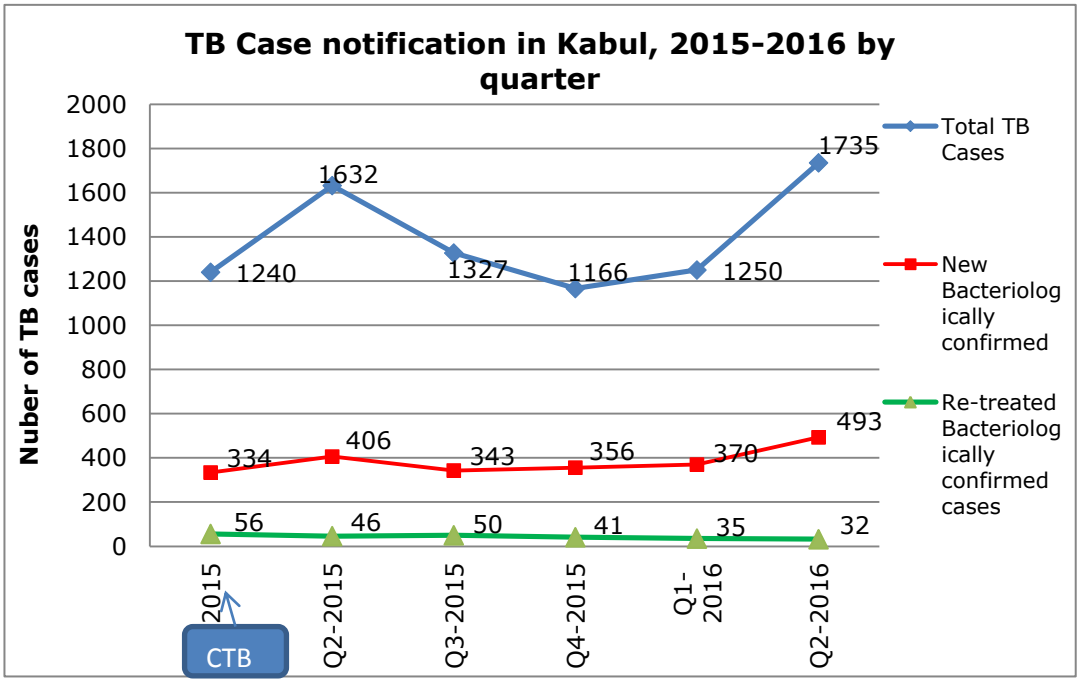
From April through June 2016, CTB maintained implementation of DOTS in the densely populated areas of the five cities of Kabul, Mazar, Herat, Jalalabad, and Kandahar. CTB helped NTP expand DOTS to 10 public and private health facilities, and totally Urban DOTS health facilities reached to 166 till end June 2016 (92 in Kabul and 74 in other 4 Urban DOTS cities). CTBtrained 159 health care staff members such as nurses, doctors, and laboratory technicians to follow standard operation procedures (SOP) for TB case findings and treatment, including laboratory assessment and microscope repair and maintenance. At that time, 150 supervisory visits were conducted and 625 individuals attended the awareness events in those five cities.

As a result, the health care staffs in the five urban cities identified 13,408 presumptive TB patients who tested positive for pulmonary tuberculosis; among them, 1,052 were diagnosed as bacteriologically confirmed TB cases, and 3,347 (24%) were diagnosed with all forms of tuberculosis between April and June 2016.

Urban DOTS in Kabul:

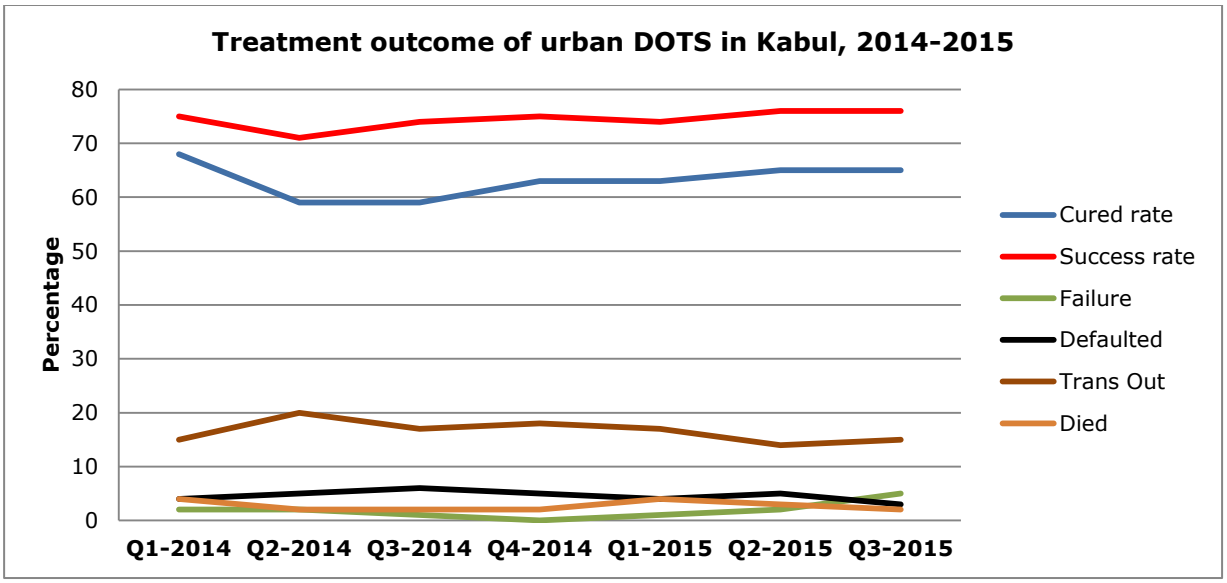
In Kabul alone, the efforts of CTB and NTP led to a 28% increase in TB case notification in this quarter compared to the previous quarter — i.e., case notifications increased from 1,250 TB cases in the first quarter of 2016, to 1735TB cases in the second quarter of 2016 (See Figure 3).

Figure 3: Trend of TB case notification in Kabul, 2015-2016



Urban DOTS implementation resulted in improved TB treatment outcomes in the city of Kabul. Notably, the TSR in Kabul is 76%, and one of the continued challenges for Kabul urban DOTS is the high transfer rate of 15% (Figure 4) compared to the national rate of 5%. CTB has strived to address this challenge by creating strategies to minimize transferring, and to improve the cure and TSR. Some of the strategies include: (1) engaging in active follow-up of TB patients who initiated their treatment in Kabul and continue treatment in their local provinces; and (2) strengthening the referral system between health facilities (HFs) to report the treatment outcomes of patients who transfer to other locations. In addition, health care staffs will be motivated to track the TB patients by calling the refer-in and refer-out facilities and the patients to ensure the completion of follow-up examinations and treatment success rate.

Figure 4: Treatment outcome of urban DOTS in Kabul, 2014-2015



There are two prisons covered by urban DOTS, Pul-i-Charkhi-Kabul and Bagram. Currently, these two prisons provide a full package of TB services. In total, there were 48 cases of all forms of TB identified during the second quarter of 2016 in these two prisons (29 bacteriologically confirmed TB cases and 19 extra-pulmonary TB cases). The success rate of new bacteriologically confirmed TB patients in the prison is higher than the national level (93%) and national TSR is 89%.

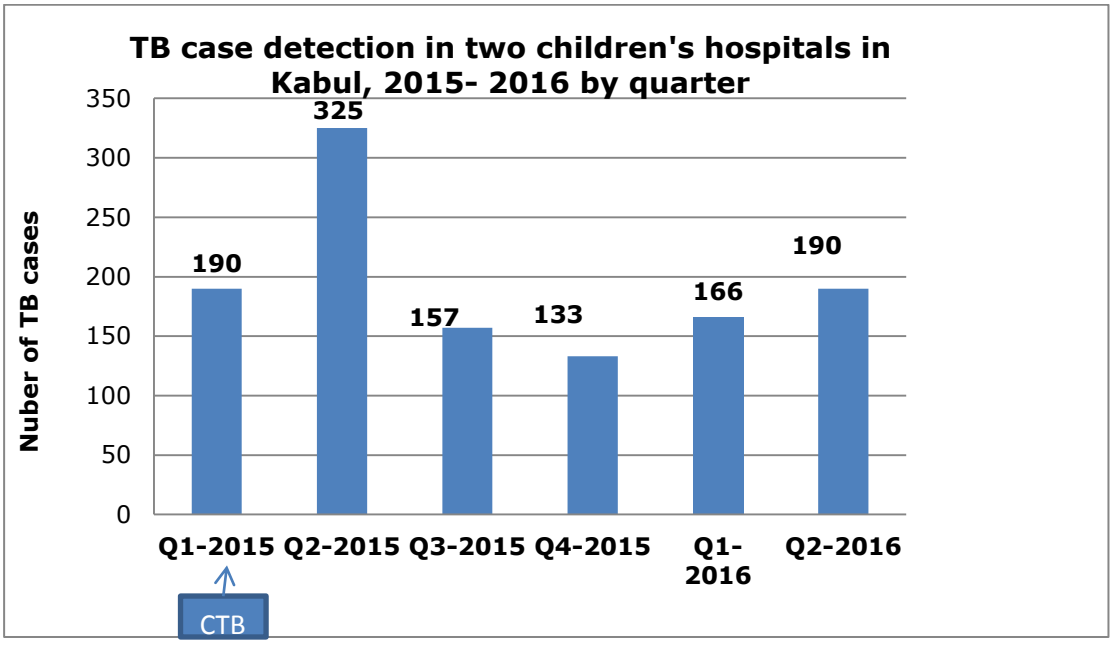
During Q2 2016, five more HFs with lab services engaged in DOTS in Kabul, and the number of public and private HFs offering TB services (diagnostic and treatment facilities) increased from 22 in 2009 to 92 in 2016 (cumulative data, Q2 2016) (See Table 1).

Table 1: Health facility coverage in the city of Kabul, 2009–2016

Indicators/Year	2009	2010	2011	2012	2013	2014	2015	2016-Q1
No. of existing HFs with lab services (public and private)	106	111	111	112	120	131	131	**132**
No. of HFs covered by DOTS	22	48	53	68	73	80	85	**92**

During Q2, 2016, Kabul urban DOTS expanded active contact screening to other HFs with TB services. A total of 1,180 household members were screened for TB; 140 of them were examined for AFB, eight TB cases were detected among contacts, and IPT was initiated for 135 children under 5 years of age (see figure 5). CTB helped NTP conduct training for Health care workers (HCWs), provided supplies and reagents for diagnosis, and improved recording and reporting.

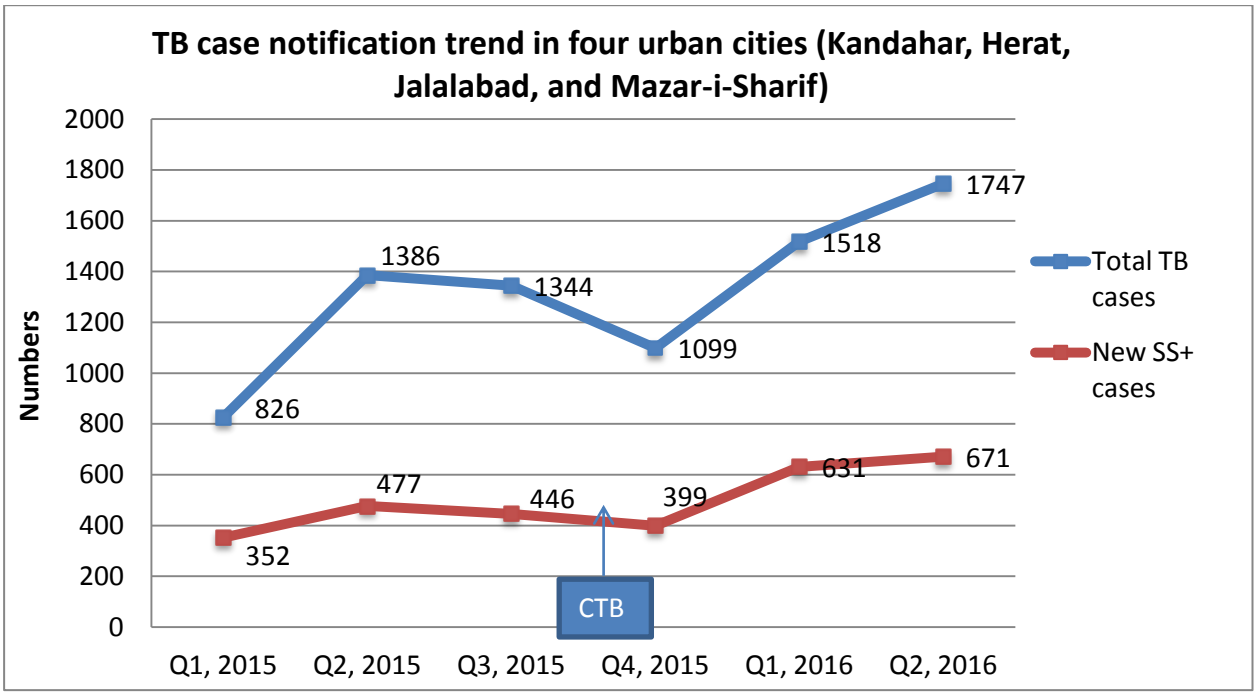
Figure 5: Trend of TB case notification in two children's specialized hospitals in Kabul, 2015–2016 by quarter



Urban DOTS implementation in Kandahar, Mazar-i-Sharif, Herat, and Jalalabad

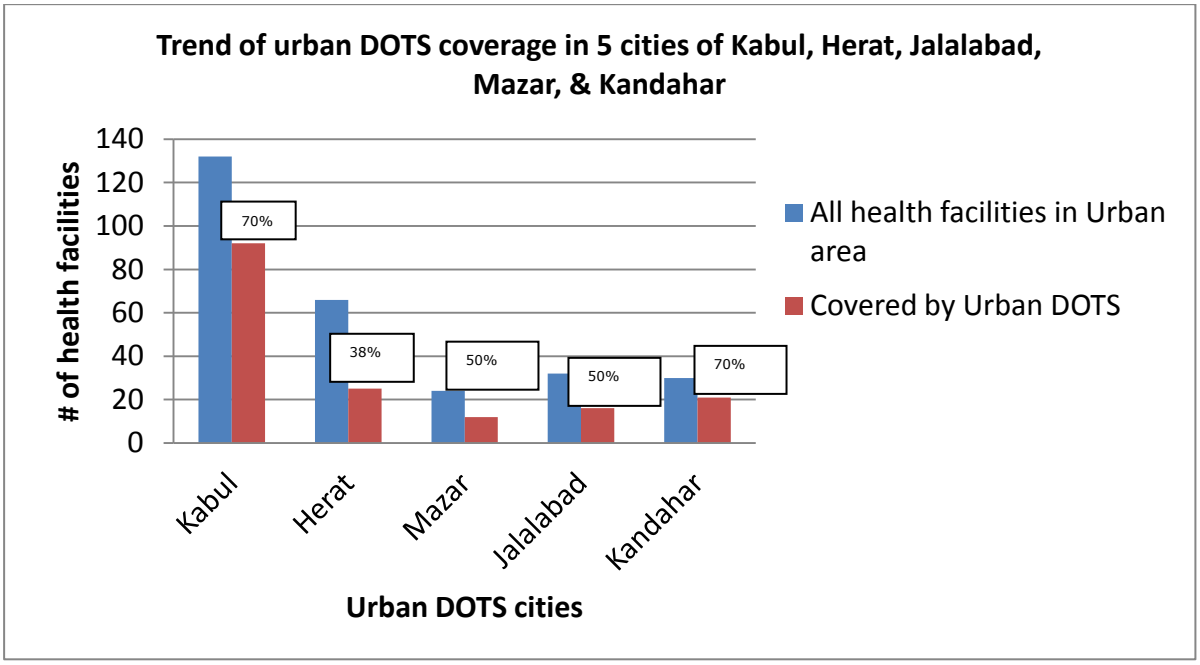
Beyond Kabul, four new urban DOTS cities — Kandahar, Mazar-i-Sharif, Herat, and Jalalabad — dramatically improved TB case detection in Q2, 2016. As a result, all forms of diagnosed TB cases reached 1,747, and new bacteriologically confirmed TB cases reached 671 (See Figure 6).

Figure 6: Trend of TB case notification in four urban DOTS cities (Kandahar, Herat, Jalalabad, and Mazar-i-Sharif), 2015–2016 by quarter



The provision of TB services in five urban DOTS cities increased as expected, and urban DOTS teams committed to covering more HFs and bringing TB services closer to the patients (See Figure 7). Currently, 74 public and private HFs are providing quality TB services in all four of these cities (34 HFs providing TB cervices before Urban DOTS program) and in 92 facilities in the city of Kabul (22 HFs partially provided TB cervices before Urban DOTS program).

Figure 7: Trend of urban DOTS coverage in five urban DOTS cities



During Q2, 2016, six prisons in Kabul, Kandahar, Herat, Mazar-i-Sharif, and Jalalabad covered by TB services showed progress in TB case detection and treatment. A total of 57 TB cases were identified in six prisons and placed on treatment (See Table 2).

Table 2: Results of DOTS Implementation in five urban cities (Kabul, Jalalabad, Kandahar, Herat, and Mazar-i-Sharif), April – June 2016

	Total TB cases of urban DOTS	Bacteriologically confirmed TB cases	Total TB cases by private HFs	Bacteriologically confirmed TB cases by private HFs	TB cases in prisons
Kabul	1,735	493	160	30	48
Kandahar	444	181	91	32	2
Jalalabad	503	118	92	22	2
Herat	460	181	104	54	0
Mazar	340	172	41	2	5
Total	**3,347**	**1,052**	**488**	**140**	**57**

Contact investigation and TB in children:

CTB sustained the efforts to promote contact investigation, and thus helped NTP and BPHS implementing organizations and frontline health care staffs conduct active contact investigations in the five provinces of Kabul, Herat, Kandahar, Jalalabad, and Balkh. That resulted in improved access to TB services, especially for children under the age of 5 and women. CTB monitored the implementation of this approach through joint supervision and monitoring visits to health facilities and random checks of 10% of index TB cases. During the April through June 2016 period, they investigated the houses of the 1,052 index bacteriologically confirmed TB cases. As a result, 4,410 individuals in close contact to the index TB cases were registered and verbally screened for signs and symptoms for TB; among them, 380 (8.6%) households turned out to have presumptive TB patients that all tested for acid fast bacilli. Consequently, health care staffs diagnosed 48 (1.1%) households as having bacteriologically confirmed TB cases. The yield of TB among household contacts turned to be 1,088 in 100,000 closed households, which is six times higher than World Health Organization (WHO) estimated the incidence of all forms of TB cases to be in the general population.

Furthermore, in all 15 provinces, among the 13,594 index case households screened for TB, 2,208 (15%) cases turned out to be respiratory symptomatic and 1,928 of them were tested for pulmonary TB. This in turn led to notification of 176 (1.3%) cases of all forms of TB and 95 (0.7%) that were bacteriologically confirmed TB. The yield of TB among household contacts in all 15 provinces turned to be 1,300 in 100,000 closed households, which is seven times higher than World Health Organization (WHO) estimates of the incidence of all forms of TB cases in the general population.

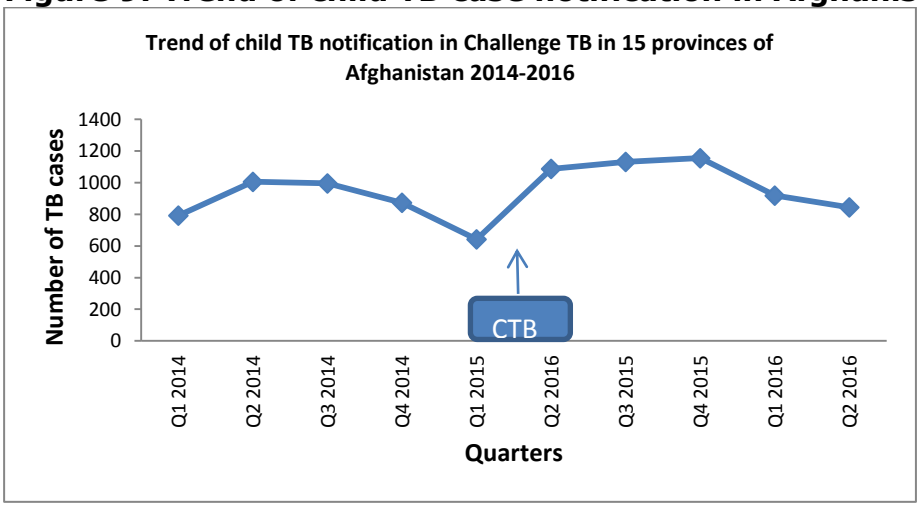
In addition, in 15 provinces an estimated, 2,990 children under the age of 5 were in contact with index TB cases, and 2,719 of those identified as contacts of index cases were put on INH preventive therapy; 2,583 children completed their IPT this quarter (See Table 3).

Table 3: Trend of contact investigation and childhood TB in CTB areas (15 provinces) in Afghanistan, 2014-2016

Variable	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Total 2015	Q1 2016	QQ2 2016	*Difference (%) 2015-2016*
Household contacts registered	9,336	10,404	10,834	10,522	41,096	**11,000**	**13,594**	**25**
Household contacts screened for TB	1,848	1,801	1,852	1,844	7,345	**2000**	**1,928**	**8**
All forms TB cases	161	204	159	191	715	**200**	**176**	**3**
Bacteriologically confirmed TB cases	100	86	97	80	363	**100**	**95**	**5**
Estimated no. children under the age of 5 in contact with index cases	1,490	2,136	1,986	2,300	7,912	**2300**	**2,990**	**46**
Children under the age of 5 identified as contacts to index cases	1,349	1,914	1,846	2,137	7,246	**2200**	**2,719**	**51**
Children under the age of 5 who were started on IPT	1,019	1,559	1,440	1,965	5,983	**2000**	**2,583**	**78**

During CTB, TB diagnosis among children was strengthened, which resulted in 819 case notifications among children for all forms of TB which is 12% of all form TB cases notified in CTB intervention provinces, in Apr-Jun 2016,(See Figure 9).

Figure 9: Trend of child TB case notification in Afghanistan



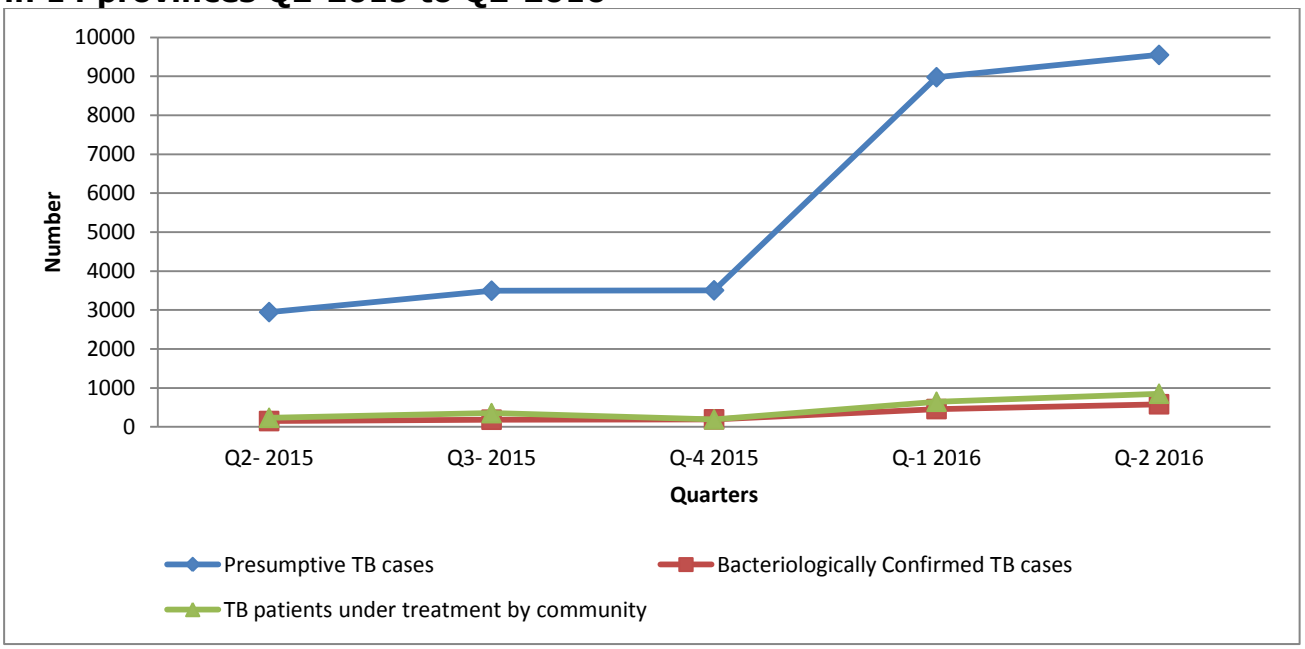
Community Based DOTS implementation:

During this quarter, CTB helped the NTP implement community-based directly observed treatment, short-course (CB-DOTS) in 14 provinces through sub-contracts with primary health care implementing NGOs. During the last quarter, CTB conducted an orientation workshop for 38 participants who were communicable disease (Centers for Disease Controls) officers, central/provincial CB-DOTS focal points, and NTP staffs. Also, CB-DOTS conducted 42 provincial TB task force meetings in 14 provinces in May. At the meetings, gaps were identified and an action plan developed to address the gaps was to be followed during task force meetings the following month.

Moreover, the CB-DOTS project oriented 593 health facilities staffs on the CB-DOTS scope of work and on the recording and reporting of overall TB and CB-DOTS outcome performances. Additionally, the CB-DOTS project trained 547 community health supervisors and 11,348 community health workers (CHWs) on TB and CB-DOTS approaches. Also, CTB and NTP helped the DOTS-implementing organizations to conduct 170 community awareness events in 14 provinces.
In brief, the CB-DOTS was implemented in 532 health facilities in 14 provinces in 173 districts. It resulted in the identification of 9,550 presumptive TB patients who were referred for diagnosis to health facilities. Among them, 644 (7%) were diagnosed as bacteriologically confirmed pulmonary TB, and 880 were included in all TB cases. Daily treatment was provided by CHWs to 850 TB patients in their villages.

Moreover, after starting the CB-DOTS implementation through local NGOs in 14 provinces (Badakhshan, Baghlan, Balkh, Bamyan, Faryab, Ghazni, Herat, Jowzjan, Kabul, Kandahar, Khust, Nangarhar, Paktika and Takhar), this approach sustained the improvement of TB indicators in the mentioned geographical area (provinces); the presumptive TB cases referred by the community increased from 8,977 in the first quarter 2016 to 9,550 in the second quarter in 2016, showing 6% improvement. The number of bacteriologically confirmed TB cases referred by the community increased from 456 in first quarter of 2016 to 580 in the second quarter of 2016 (7% improved), similarly, the number of TB patient under treatment by CHWs increased from 644 in the first quarter of 2016 to 850 in the second quarter of 2016 (24% improved), as shown in Figure 10.

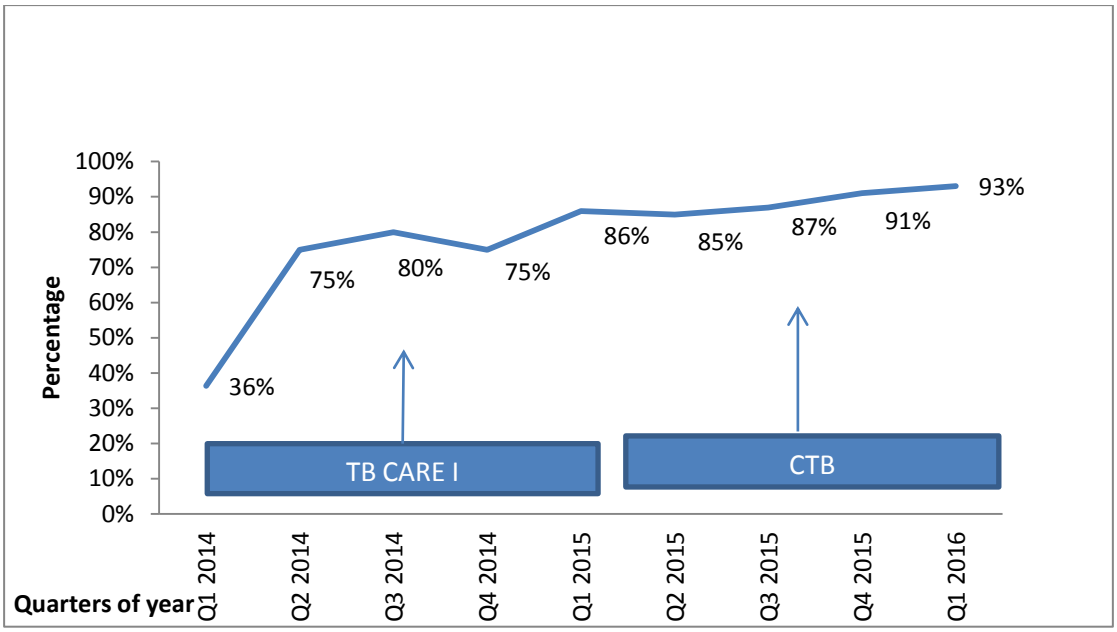
Figure 10: The role of community health workers in TB case notification in 14 provinces Q2-2015 to Q2-2016



1.1.7 Monitoring and Evaluation (M&E), Surveillance, and Research

The TB surveillance system was further developed, and the electronic reporting system enhanced. During April through June 2016, 35 staff members — including NGO health management information system (HMIS) officers, provincial health officers (PHO), and provincial TB coordinators (PTC) — were trained on TB database and data-cleaning techniques. As a result, the data from 2014 to 2016 was cleaned, and TB information system submissions reached 93%, 661/735 health facilities reports reached to NTP and MOPH within the deadline, during the first quarter of 2016 (See Figure 11).

Figure 11: TB data completeness and timeliness, 2014–2016



Operations research

CTB team helped the NTP to develop and submit 21 abstracts for the upcoming 47th World Conference on TB and Lung Health to be held in Liverpool, England. The aim of the operation researches (OR) were to document the best performances, provide answers to basic questions regarding TB, and evaluate various aspects of the TB program. The 47th World Conference on TB and Lung Health notified the Afghanistan team (CTB and NTP), and they accepted from them 13 abstracts, including four oral presentations, one e-poster, and seven poster presentations.

Moreover, the implementation of OR on TB and diabetes initiated in the Herat, Kabul, Jalalabad, Kandahar and Balkh provinces and will be completed next quarter. Private sector was engaged in these researches. This will result in the screening of 5,000 diabetes patients from the public and private diabetic centers from July through September 2016. The findings of this initiative will be used to shape the policy for NTP and the MOPH and will provide a clear picture of the magnitude of TB among diabetes patients in Afghanistan.

Furthermore, the protocol for TB data quality assessment completed and field work will start in July 2016. The result of this assessment will be used to further improve TB data quality and help donors, NTP, and partners to work with NTP to strengthen the TB surveillance system to ensure that high-quality data are presented at the national and international level. The assessment will be conducted in 96 out of 671 randomly selected health facilities that were active and reported in the fourth quarter of 2015. This is a cross-sectional assessment and will assess the five dimensions of data quality, timeliness, completeness, integrity, reliability, and validity/accuracy.

Also, the protocols for TB among mentally disordered patients and drug addicts are in the final stage, and these OR will be conducted from mid-July through September 2016. The aim is to identify the burden of TB among these vulnerable populations that will help MOPH and NTP to change their strategy and to routinely screen these vulnerable groups and to integrate TB between these two programs.

TB Infection control (TB IC) implementation:

During April-June 2016, 30 health facilities were assessed for TB infection control (IC) to ensure that health facility design and use are appropriate to reduce crowding, maximize natural ventilation, and organize patient flow to minimize exposure to infectious patients. To achieve the goal, the assessed health facilities' redesign and plans are being implemented. In addition, 30 TB IC committees have been established to organize, implement, and monitor TB IC activities. Furthermore, NTP helped conduct on-the-job training for 150 health care staff members from Ghazni, Paktia, Khost, Kabul, and Badakhshan to help frontline staff members implement established TB IC measures and standards such as: (1) time from cough detection to sputum collection; (2) time from sputum collection to the lab; (3) time from the lab to the result; (4) time from the result to notification; (5) time from notification to treatment; (6) time from admission to DST result; and (7) time to effective treatment. Moreover, 500 laboratory technicians were trained on smear microscopy maintenance to evaluate effectively whether a microscope is either functional or dysfunctional. Furthermore, smear microscopy spare parts were distributed to 100 health facilities laboratories in five provinces where they were needed. Laboratory information education and communication (IEC) material on the Zheil Nelson method were developed and printed; and 1200 copies of IEC were distributed to 34 provinces health facilities.

Technical/administrative challenges and actions to overcome them:

During this quarter, the security situation has changed in that there is a greater incidence of crime and violence. For instance, increased fighting in provinces and in districts limited the CTB staff's ability to attend and monitor the implementation of activities in rural and remote areas. In addition, kidnapping attempts in the capital of Kabul resulted in changes in the government's approach, requiring that foreigners be escorted.

Moreover, during the month of Ramadan, implementation of activities was delayed due to reduced government work hours both in the capital Kabul and in the provinces after the 1-week Eid holiday.

2. Year 2 activity progress

Table 4: Sub-objective 1. Enabling environment

Planned Key Activities for the Current Year	Activity No.	Planned Milestones				Milestone Status	Milestone met? (Met, partially met, not met)	Remarks *(reason for not meeting milestone, actions to address challenges, etc.)*
		Oct–Dec 2015	Jan–Mar 2016	Apr–Jun 2016	Year End	Oct 2015–June 2016		
To sign subcontracts for CB-DOTS implementation with 9 NGOs in 15 provinces	1.1.1	9 NGOs/15 provinces	9 NGOs/15 provinces	9 NGOs/15 provinces	9 NGOs/15 provinces	8 NGOs/14 provinces	Partially met	CTB will use alternative approach to cover the remaining province and will implement it through CTB/MSH
To conduct CB-DOTS taskforce meeting at central level	1.1.1	1 meeting/ 9 NGOs/15 provinces	1 meeting/ 9 NGOs/15 provinces	1 meeting/ 9 NGOs/15 provinces	1 meeting/ 9 NGOs/15 provinces	1 meeting/8 NGOs/14 provinces. A total of 2 meetings conducted and 35 (33 male and 2 female) NGO, NTP, and CTB staffs attended	Met	
To conduct CB-DOTS taskforce meeting	1.4.1	45 meetings in 15 provinces	45 meetings in 15 provinces	45 meetings in 15 provinces	45 meetings in 15 provinces	72 meetings in 14 provinces	Partially met	

To conduct visits and monitoring to HFs to monitor the implementation of CB-DOTS	1.4.2	10 visits to 10 provinces and visit 4 HFs and 2 health posts in each visit	10 visits to 10 provinces and visit 4 HFs and 2 health posts in each visit	10 visits to 10 provinces and visit 4 HFs and 2 health posts in each visit	10 visits to 10 provinces and visit 4 HFs and 2 health posts in each visit	17 visits to 10 provinces and visited 4 HFs and 2 health posts in each visit	Partially met	
To conduct an annual coordination workshop	1.4.3		One event with 55 participants			Workshop conducted and 38 (36 male and 2 female) individuals from NGOs, NTP, CBHC and GCMU of MOPH attended this event	Met	

Table 5: TB infection control

Sub-objective 5. Infection control								
Planned Key Activities for the Current Year	Activity No.	Planned Milestones				Milestone Status	Milestone met? (Met, partially met, not met)	Remarks *(reason for not meeting milestone, actions to address challenges, etc.)*
		Oct–Dec 2015	Jan–Mar 2016	Apr–Jun 2016	Year End	Oct 2015-Jan–Jun 2016		
Assist NTP to select 30 HFs for TBIC expansion and implementation in 15 CTB provinces	5.1.1	10 facilities assessed	10 facilities assessed	10 facilities assessed	30 total facilities assessed	30 facilities assessed in districts of Jalalabad, Goshta, Khogiani, Kama, Kandahar, Spinboldak, Zherai, Kabul, Charasiab, and Qarabagh	Met	Selection criteria: that facilities with higher risk of infection and workload such as district and provincial hospitals and some CHCs, easily accessible health facilities
Assist the NTP to establish TBIC committee in assessed 30 HFs	5.1.2	10 TBIC committees established, 75 meetings conducted	10 TBIC committees established, 75 meetings conducted	10 TBIC committees established, 75 meetings conducted	75 meetings conducted Total conducted during the year: 300	30 TBIC committees established in 13 provinces and 75 meetings conducted by TBIC committees at HFs. The members are health care staff. The committees reviewed the planned activities and intend to implement TBIC	Met	Terms of reference for TBIC committees: develop and implement TB infection control measures, conduct regular committee meetings, and monitor the implementation of TBIC

						measures to identify presumptive TB cases and diagnose them as quickly as possible. In Kandahar, it resulted in a 23% increase in TB case notifications this quarter compared to the same quarter in 2014.		
To develop TB infection prevention and laboratory biosafety job aid (pocket guide for professional health care providers)	5.1.3		3,000 copies of pocket guide developed and disseminated				Not met	The pocket guide drafted and sent to NTP for review and approval. It printed and will be disseminated in July 2016
To conduct training on airborne precaution standards (which will be incorporated into the design of any construction/ renovation) and to conduct on-the-job	5.1.4	50 staff attended the orientation sessions, 100 HCWs attended on-the-	50 staff attended the orientation sessions, 100 HCWs attended on-the-		100 attendees, 200 HCWs	50 staff attended the orientation sessions, 100 HCW attended on-the-job training in 5 cities of Kandahar, Baghlan, Jalalabad,	Met	Staff trained through this training are health care staff from TBIC committees

training on TBIC control strategies		job training	job training			Jowzjan, and Faryab		
Assist the NTP to consider airborne precaution measures in HFs' high-risk areas and to assist the NTP to redesign and install mechanical ventilation equipment in the laboratories in 15 provinces	5.1.5	10 assessments conducted, 10 HFs renovated from system enhancing for health actions in transition (SEHA)/BPHS project	10 assessments conducted, 10 HFs renovated from SEHAT/BPHS project	10 assessments conducted, 10 HFs renovated from SEHAT/BPHS project	30 assessments, 30 facilities redesigned	10 HF assessments were conducted and technical assistance (local) was provided to BPHS/SEHAT to renovate HFs	Met	Under Year two, CTB provides technical assistance to private sector to redesign HFs for TBIC only in urban DOTS facilities in five provinces
Redesign HFs for TBIC	5.2.1	10 HFs renovated from SEHAT/BPHS project	10 HFs renovated from SEHAT/BPHS project	10 HFs renovated from SEHAT/BPHS project	30 renovations	30 HFs assessed and provided TA to implementing organization to renovated	Not met	TA provided to BPHS to redesign, renovate HFs according to the assessment findings, but they did not complete this renovation due to lack of budget in BPHS work plan; CTB will continue discussions with MOPH
Conduct surveillance of TB among HCWs	5.2.2		600 HCW assessed for active			CTB started the protocol development and completed	Not met	The protocol drafted and will be send to IRB next quarter

			TB			literature review and will finalized the protocol and start field work in May 2016		

Table 6: Sub-objective 10. Quality data, surveillance and M&E								
Planned Key Activities for the Current Year	Activity No.	Planned Milestones				Milestone Status	Milestone met? (Met, Partially met, Not met)	Remarks *(reason for not meeting milestone, actions to address challenges, etc.)*
		Oct–Dec 2015	Jan–Mar 2016	Apr–June 2016	Year End	Oct 2015–Mar 2016		
TB electronic reporting system (TBIS)	10.1.1		Revised database			The TB recording and reporting forms revised and its translation is under process.	Not met	Postponed to Q4
TBIS training	10.1.2		60 staff trained	60 staff trained	120 staff trained		Not met	Postponed to Q4
Monitor electronic reporting	10.1.3	16 visits	16 visit	16 visits	16 visits (64 visits)	4 visits	Partially met	This quarter, the NTP conducted remote assistance to provinces to monitor the TBIS implementation. During Q2, the team visited the provinces with poor performance. The focus was on feedback provision

								and revision of NTP guidelines, including reporting formats.
TB data quality assessment	10.1.4			Assessment protocol and final report		Protocol drafted and field work will be conducted next quarter	Partially met	
To support quarterly review workshops and supervision to HFs	10.1.5	15 quarterly review workshops held	15 quarterly review workshops held	15 quarterly review workshops held	15 quarterly review workshops held	13 quarterly review workshops held in 13 provinces in Jan 2016	Met	This was joint GF and CTB activity and that CTB committed to provide technical assistance to NTP and partners. As long as GF conducts it, CTB provide assistance
Epidemiological assessment	10.2.1					Assessment report	Not met	This planned for next quarter
Publish and disseminate operations research	10.2.4	Final draft of 3 papers				1 paper drafted and 2 are under process	Partially met	It is expected to publish it next quarter
Operations research funding provided by local partner	10.2.5		Research protocol and report			Expression of interests drafted and shared through ACBAR site	Not met	

Table 7: Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity No.	Planned Milestones				Milestone Status	Milestone met? (Met, Partially met, Not met)	Remarks *(reason for not meeting milestone, actions to address challenges, etc.)*
		Oct–Dec 2015	Jan–Mar 2016	Apr–June 2016	Year End	Oct 2015–June 2016		
To conduct a strengthening coordination workshop between the public and private health sectors in five cities—Kabul, Mazar, Herat, Kandahar, and Jalalabad—with 60 individuals from different stakeholders in each city To engage private practitioners (PP) in TB services in 5 cities, 20 PPs in each province, and, in total, 100 PPs will engage in TB services in Kabul, Mazar, Herat, Kandahar,	**3.1.1**	Workshop for 75 participants 2 digital X-ray	Workshop for 75 participants Training for 50 participants	Workshop for 75 participants Training for 50 participants	Workshop for 75 participants	Strengthening coordination workshop between public–private health sectors conducted for **504** representatives CTB trained 50 private practitioners 43 M/7F)during April to June	Met	

and Jalalabad cities To install 2 digital X-ray machines in urban-DOTS cities		machine procured (procure ment report)				The installation is under process		
To conduct an assessment of 30 new public and private HFs in Kabul, Mazar, Herat, Kandahar, and Jalalabad cities To expand TB services to 30 public and private HFs in these 5 cities	**3.1.2**	8 HFs assisted TB services expanded to 8 HFs	8 HFs assisted TB services expanded to 8 HFs	8 HFs assisted TB services expanded to 8 HFs	6 HFs assisted TB services expanded to 6 HFs	Assessment of **30** private HFs completed DOTS expanded to 32 new public and private HFs	Met	
Initial and refresher training for health care staff	**3.1.3**	Training for 110 health care staffs	Training for 110 health care staffs	Training for 110 health care staffs	Training for 110 health care staffs	SOP training conducted for 300 (58 female, 242 male) HCWs in 5 urban DOTS cities of Kabul, Jalalabad, Kandahar, Herat, and Mazar	Met	
To establish five technical panel reviews of specialists in each	**3.1.4**	1 technical panel	1 technical panel	1 technical panel	1 technical panel	2 technical panels review established in Kabul	Partially met	The establishment of technical panel review will take place after the finalization

city to support the identification of TB in child, complicated, and extra pulmonary TB cases in Kabul, Mazar, Herat, Kandahar, and Jalalabad STTA to develop SOPs for diagnosis and treatment of extra pulmonary TB cases		Short-term technical assistance (STTA) report and draft SOPs				The SOP for extra pulmonary TB developed		of extra pulmonary TB SOPs
To conduct TB awareness campaigns for 4,000 students and community members in Kabul, Mazar, Herat, Kandahar, and Jalalabad cities Broadcasting TB messages by local radios and TVs	**3.1.5**	800 individuals attended awareness events 15 TB messages aired by local media	800 individuals attended awareness events 15 TB messages aired by local media	800 individuals attended awareness events 15 TB messages aired by local media	800 individuals attended awareness events 15 TB messages aired by local media	TB awareness events conducted in 5 cities and more than 3,645 individuals attended in Kabul, Herat, Kandahar, Jalalabad, and Mazar TB messages broadcasted by local media	Met	
To support the laboratory network system in 5 urban	**3.2.1**	Spare parts for 14	Spare parts for 12	Spare parts for 12	Spare parts for 12	Spare parts distributed to urban DOTS	Met	Baseline assessment conducted; procurement of

DOTS cities by providing microscope spare parts		microscopes	microscopes	microscopes	microscopes	cities		microscope parts is in progress and will be completed in May 2016
To establish a monthly provincial task force meeting in selected cities (12 TB task force meetings will be conducted in each city) To conduct coordination meetings with different stakeholders in 5 urban DOTs cities	**3.2.2**	15 task force meetings 15 coordination meetings in 5 cities	15 task force meetings 15 coordination meetings in 5 cities	15 task force meetings 15 coordination meetings in 5 cities	15 task force meetings 15 coordination meetings in 5 cities	40 task force meetings conducted 50 coordination meeting conducted in 5 cities (Kabul, Herat, Mazar, Kandahar, and Jalalabad)	Met	
To conduct orientation workshops for HCWs and health volunteers in Herat, Mazar, Kandahar, and Jalalabad	**3.2.3**	170 volunteers attended events	170 volunteers attended events	170 volunteers attended events	170 volunteers attended events	Orientations workshop conducted for 300 (110 female and 190 male)	Met	
To conduct quarterly review meetings for urban DOTS HFs (private HFs and NGO HFs) that are not	**3.2.4**	200 HCWs attended in 5 cities	200 HCWs attended in 5 cities	200 HCWs attended in 5 cities	200 HCWs attended in 5 cities	Quarterly review meeting conducted in 5 cities of Kabul, Mazar, Herat, Kandahar, and	Met	

covered by GF budget during the 4 quarters of the year, and, in total, 20 QRW in 5 cities (Kabul, Mazar, Herat, Kandahar, and Jalalabad) To conduct a 1-day quarterly review workshop (QRW) for 40 private practitioners and referral centers in Kabul city						Jalalabad implementing urban DOTS and more than 570 health workers participated		Quarterly review for referral HFs will start in Quarter 4
To conduct 200 supervisory visits to 140 HFs by quarter in the 5 cities of Kabul, Mazar, Herat, Kandahar, and Jalalabad	**3.2.4**	50 visits in all 5 cities conducted	50 visits in all 5 cities conducted	50 visits in all 5 cities conducted	50 visits in all 5 cities conducted	282 visits conducted at HFs in 5 cities Kabul, Mazar, Herat Kandahar, and Jalalabad.	Met	The urban DOTS expanded to four additional cities and the coverage increased, therefore, the visits increased as well.
To conduct active contact investigation of 4,000 index TB patients in 5 urban cities	**3.2.4**	1,000 index cases screened	1,000 index cases screened	1,000 index cases screened	1,000 index cases screened	2400 index TB cases screened in 5 provinces of Kabul, Nangarhar, Herat, Kandahar, and Balkh	Partially met	
To establish a standardized	**3.2.5**	126 HFs reporting	126 HFs reporting	126 HFs reporting	126 HFs reporting	Reports submitted from	Met	Cumulatively, 126 health facilities in

recording and reporting system in urban HFs, 126 public and private HFs will report to NTP quarterly base using NTP data collection formats		TB data	TB data	TB data	TB data	126 HFs		urban settings
To engage two additional children's specialized hospitals in the management of TB in children (child SOP training for three days/60 HCWs and 10 facilitators) To engage two new diabetic centers in TB services in Kabul and Mazar-i-Sharif to screen diabetic patients for active TB and strengthen the referral system To conduct a 15-day STTA on assessing TB and	**3.1.1**		2 hospitals engaged	1 diabetic center engaged in TB STTA report and draft SOP		2 hospitals engaged	Partially met	The STTA for TB/diabetes is under negotiation with NTP and home office and planned for next quarter

diabetes situation analysis and developing TB and diabetes SOPs for case detection and treatment								
To conduct active case finding in internally displaced person (IDP) camps and TB among diabetes	**3.1.2**	5 IDP camps screened for TB	5 IDP camps screened for TB	5 IDP camps screened for TB	5 IDP camps screened for TB	Assessment in camps to do situation analysis were carried out in Kabul, Jalalabad and Herat cities	Partially met	This activity will be conducted jointly with the GF/United Nations Development Program (UNDP); GF has not started the activity (GF delayed)
To conduct orientation session for voluntary confidential counseling and testing staff in five cities	**3.1.1**		2 batches of training for 20 participants	2 batches of training for 20 participants	2 batches of training for 10 participants		Not met	This activity will be conducted in quarter 4 according to request of HIV department

Table 8: Sub-objective 7. Political commitment and leadership								
Planned Key Activities for the Current Year	Activity No.	Planned Milestones				Milestone Status	Milestone met? (Met, Partially met, Not met)	Remarks *(reason for not meeting milestone, actions to address challenges, etc.)*
		Oct–Dec 2015	Jan–Mar 2016	Apr–Jun 2016	Year end	Jan–Mar 2016		
To coordinate CB-DOTS activities with basic package of health services (BPHS)-	7.2.1	1 event per quarter	1 event per quarter	1 event per quarter	1 event per quarter	1 event conducted in Kabul in Feb 2016. In total 38 (36 male, 2	Met	

implementing NGOs to gain their commitment to DOTS						female) individuals from NTP, CTB, the **Grants and Service Contracts Management Unit**/Ministry of Public Health (MOPH), community based health care (CBHC)/MOPH, and NGOs participated. The CB-DOTS implementation was reviewed and feedback was provided.		
Cost sharing by private sector	7.2.3		10 HFs supplied with equipmen t	10 HFs supplied with equipme nt	10 HFs supplied with equipmen t	10 HFs covered by DOTS in five cities such as Kabul, Mazar, Herat, Kandahar, and Jalabad	Met	
Cost sharing by private sector	7.2.4	Provision of TB services for each month for 1 year	Provision of TB services each month for 1 year	Provision of TB services each month for 1 year	Provision of TB services each month for 1 year	51 private HFs covered by urban DOTS in five cities. Each HF dedicated one room for DOTS and one staff (part time). The cost of each room	Met	

						is estimated at $100 per month. The total estimated cost share during Jan–Mar would be $10,300 and the staff time estimated charge is $200 per facility, totaling $30,600 this quarter.		
Cost sharing by provincial health office (PHO) and NGO	7.2.5	15	15	15	15 (total 60 visits supported)	The PHOs of Nangerhar, Herat, Balkh, and Kandahar provided an office for CTB consultants. This quarter 4x3 months (12 months total) were provided by PHOs. The estimated cost of the office is 12x$200=$2,400 USD. Also, 2 local consultants located in NTP and it will be an estimated 2x3x$100=$600 USD. PHO	Partially met	

						provided transportation to CTB staff to attend World TB Day celebration in 3 provinces of Khost, Paktika, and Jowzjan, for an estimated cost of $250.		
Support the NTP to conduct the annual national evaluation workshop	7.3.1			100 participants attended this event			Not met	This planned for Aug 2016
Workshop on political commitment to DOTS	7.3.2		25 participants	30 participants	55 participants in 1 year	CTB has developed the NTP core function and planned to implement in next quarter	Not Met	
Cost sharing by private sector	7.3.3		Cost sharing tool applied at 20 HFs	Cost sharing tool applied at 10 HFs			Not Met	
NTP leadership competency	7.3.4	15 staff from NTP attended/ applied core function	20 staff from NTP attended/ applied core function	20 staff from NTP attended /applied core function		Tool shared with NTP and planned to apply next quarter	Partially met	NTP core functions tool will be applied beginning of Q3

		tool	tool	tool				

Table 9: Multidrug-resistant TB (MDR-TB) cases detected and initiating second-line treatment in country (national data)

Quarter	Number of MDR-TB cases detected	Number of MDR-TB cases put on treatment	Comments:
Total 2010	19	0	
Total 2011	22	22	
Total 2012	38	38	
Total 2013	49	48	
Total 2014	90	90	
Jan–Mar 2015	14	13	
Apr–Jun 2015	22	22	
Jul–Sep 2015	18	18	
Oct–Dec 2015	26	26	
Total 2015	80	79	
Jan–Mar 2016	20	20	
Apr-Jun 2016	22	22	

Table 10: Number and percent of cases notified by setting (e.g., private sector, prisons) and/or population (e.g., gender, children, miners, urban slums) and/or case finding approach (CI/ACF/ICF)

		Reporting period					Comments
		Oct–Dec 2015	**Jan–Mar 2016**	**Apr–Jun 2016**	**Jul–Sept 2016**	**Cumulative Year 2**	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area *(List each CTB area below - i.e., Province name)*						I updated Kabul but the complete data for other 4 provinces are not available (Balkh, Herat, Nangarhar, and Kandahar)
	Kabul	1,327	1,326	1,600			
	Kandahar	637	450	623			
	Herat	800	700	707			
	Nangerhar	1,004	600	900			
	Bamyan	134	80	100			
	Ghazni	325	300	363			
	Khost	392	300	397			
	Paktia	223	192	227			
	Paktika	198	155	171			
	Badakhshan	228	257	255			
	Takhar	333	361	392			
	Baghlan	378	432	457			
	Balkh	420	456	503			
	Faryab	217	251	221			
	Jowzjan	229	265	280			
	TB cases (all forms) notified for all CTB areas	6,845	6,125	6867			
	All TB cases (all forms) notified nationwide (denominator)	9,388	8,189	9073			
	% of national cases notified in CTB geographic areas	75%	75%	75%			
Intervention (setting/population/approach)							

Community referral	CTB geographic focus for this intervention	14 provinces (all provinces listed above except Patria)	14 provinces (all provinces listed above except Patria)	14 provinces (all provinces listed above except Patria)			The sub-contract with 1 NGO has been delayed, thus, CB-DOTS has not been implemented in Paktiya province. CTB will implement CB-DOTS there by itself
	TB cases (all forms) notified from this	200	371	850			
	All TB cases notified in this CTB area	6,622	5,933	6640			
	% of cases notified from this	3%	6%	12%			
Contact investigations	CTB geographic focus for this intervention	15 provinces	15 provinces	15			
	TB cases (all forms) notified from this	159	191	176			
	All TB cases notified in this CTB area	6,845	6,125	6867			
	% of cases notified from this	2%	3%	3%			
Reported by private providers (i.e., non-governmental facilities)	CTB geographic focus for this	5 cities	5 cities	5 cities			Jalalabad, Herat, Kandahar, Mazar, Kabul, and Bagram
	TB cases (all forms) notified from this	322	368	328			
	All TB cases notified in this CTB area	4,188	3,164	3347			
	% of cases notified from this intervention	7.7%	11.6%	13%			
Reported by urban DOTS	CTB geographic focus for this	4 cities	5 cities	5 cities			Urban DOTS contributions to TB case findings in 5 cities of Jalalabad, Herat, Kandahar, and Kabul
	TB cases (all forms) notified from this	2,155	1,831	3347			
	All TB cases notified in this CTB area	3,768	3,164	3347			
	% of cases notified from this intervention	57%	58%	56%			
Children (0-14)	CTB geographic focus for this intervention	15 provinces	15 provinces	15			
	TB cases (all forms) notified from this	1,154	918	844			
	All TB cases notified in this CTB area	6,845	6,126	6867			

	% of cases notified from this	16.8%	15%	12%			
Reported by prisons	CTB geographic focus for this	5 cities	5 cities	5 cities			There are 6 prisons covered by urban DOTS in Jalalabad, Mazar, Herat, Kandahar, Kabul, and Bagram
	TB cases (all forms) notified from this	52	56	57			
	All TB cases notified in this CTB area	4,188	3,164	3,347			
	% of cases notified from this intervention	1.3%	1.8%	1.7%			

3. Challenge TB's support to Global Fund implementation in Year 2

Current Global Fund TB Grants

Name of grant & principal recipient *(i.e., TB NFM - MoH)*	**Average Rating***	**Current Rating**	**Total Approved Amount**	**Total Disbursed to Date**	**Total expensed** *(if available)*
AFG-T-UNDP	B1	B1	$ 11 million	$ 4.6 million	N/A
AFG-T-MOPH	N/A	N/A	$ 2.2 million	$ 0.5 million	N/A

In-country Global Fund status: Key updates, current conditions, challenges, and bottlenecks

The principle recipients (PR), UNDP and MOPH, began implementing the activities. The principle recipients subcontracted all categories of GF activities with two local organizations. The procurement of supplies are in the pipeline, for instance, two digital X-ray machines procured and transported to Kabul, also, 50 LED microscopes purchased and transported to Kabul. Also, they started implementation in prisons and IDPs camps and also contact investigation.
.CTB consistently assisting NTP and PRs to enhance implementation and facilitate the process through TB task force meetings and other coordination mechanisms such as provincial coordination meetings and quarterly reviews and through focal points in five cities.

Challenge TB & the Global Fund: Challenge TB Involvement in GF Support/Implementation, any Actions Taken During this Reporting Period

As a member of the country coordination mechanism (CCM), the MSH/CTB Project Director helped UNDP and MOPH/NTP to shift the strategy and to subtract all activities with SRs and in communication among the PRs, SRs, GF, and MOPH/NTP. CTB coordinated with the PRs, SRs, NTP, and MOPH through a TB taskforce and the CCM to ensure that planned activities are implemented as per schedule and to propose an amendment to the implementation plan. The implementation of activities was facilitated through five biweekly TB task force meetings.

4. Success Stories – Planning and Development

Planned success story title:	Community-Based Direct Observed Treatment in Kandahar
Sub-objective of story:	1. Enabling environment
Intervention area of story:	Choose an item.
Brief description of story idea:	Please see attached.
Status update:	

5. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (No. of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1	MSH	Paultre Desrosiers					Develop the SOP for extra-pulmonary TB case notification and management	Complete		21 days	Consultant changed, originally Gloria Sangiwa
2	MSH	TBD					Monitor overall project management	Pending		15 days	
3	MSH	Pedro Suarez					Monitor overall project management	Pending		15 days	This STTA will happen in August 2016
4	MSH	Gloria Sangiwa					Develop SOP for TB and diabetes and other comorbidity and program management	Complete		15 days	Conducted in June 2016
5	MSH	Carol Douglis					Provide assistance on communication plan	Pending		15 days	Planned for August 2016
6	MSH	Qader and Rashidi					To present abstracts and symposiums in the 46th union conference	Completed		9 days	Both Qader and Rashidi attended
7	MSH	Qader and Rashidi					To attend CD meeting in the Hague	Completed		9 days	Both Qader and Rashidi attended

Total number of visits conducted (cumulative for fiscal year)	6
Total number of visits planned in approved work plan	9
Percent of planned international consultant visits conducted	67%

6. Quarterly Indicator Reporting

Sub-objective:	**1. Enabling Environment**					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date Oct 2015 – June2016**	**Comments**
1.1.1. % of notified TB cases, all forms, contributed by non-NTP providers (i.e., private/non-governmental facilities)	CTB intervention area	Quarterly	10% (500) 2014	15% (800)	1,215 (9%)	The community-based DOTS started late in October 2015. Thus, the target has not been achieved. CTB enhanced implementation and will compensate for this deficit in the upcoming quarters. As this is CB-DOTS, contributions by only CHWs (no private sector).
1.1.12. AFGHANISTAN SPECIFIC: No./% of bacteriologically confirmed TB cases referred by community and CHWs	Gender, geographical location	Quarterly	18% (1,452) from CB-DOTS approach (2014)	20% (1,613 from CB-DOTS approach)	215 (9%)	See above

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.	National: CTB does not invest in this area	Annually	1 (August 2015)		Measured annually	
2.2.6. Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).	National(CTB does not invest in this area)	Annually	0% (0/2) (2014)		Measured annually	
2.2.7. Number of GLI-approved TB microscopy network	National(CTB does not invest in this	Annually	NA		Measured annually	

standards met	area)					
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.	Geography	Quarterly	7% of all estimated MDR-TB cases (2014)		71/1250 (6%)	The criteria is only those patient who failed in second category
Sub-objective:	**3. Patient-centered care and treatment**					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
3.1.3. Case notification rate	Gender, age category, geographical location	Annually	68% (2014)	73%	Measured annually CTB areas: (72%) 162/100,000 population (2015)	National value is 129/100,000 population
3.1.5. #/% HFs implementing intensified case finding (e.g., using SOPs)	National	Annually	704 (2014)	754	Measured annually 745 (99%) (National, 2015)	
3.1.8. % of TB cases (all forms) diagnosed among children (aged 0-14)	Geographical location	Quarterly			1255 (15%)	Cumulative data from 5 urban DOTS cities (Q1, Q2, and Q3 of the year 2 project)
3.1.15. #/% of TB cases (all forms) diagnosed via urban DOTS or other urban	Geographical location	Quarterly	5,007 (2014)	9,500	10,279 (79%)	Cumulative data from 5 urban DOTS cities (Q1, Q2, and Q3 of the year 2 project)

TB approaches						
3.1.17. AFGHANISTAN SPECIFIC: # of household contacts of bacteriologically confirmed TB cases (index cases) screened for TB in Kabul	Geographical location	Quarterly	1,000 (2015)	2,600	**2,101**	
3.1.14. No./% of total cases notified that were referred or diagnosed via community based (Community Based) approaches	15 provinces		Quarterly	1,452/16% (2015)	1,613 (20%)	1,215 (9%)(Oct 2015-June 2016)
3.2.22. No./% of TB patients followed by community-based workers/volunteers during at least the intensive phase of treatment	CTB intervention process (15 provinces)	CTB intervention process (15 provinces)	Quarterly	18% (1,452) from CB-DOTS approach (2015)	20% (1,613) from CB-DOTS approach	1,564(Oct 2015-Jun 2016
3.2.1. No./% of TB cases successfully treated (all	5 provinces : Kabul, Herat,	Annually	69% for CTB cities (Cohort 2013)	72%	865/1,478 (59%) (Q3 2015)	Estimated data

forms) by setting (e.g., private sector, pharmacies, prisons) and/or by population (e.g., gender, children, miners, urban slums)	Mazar, Jalalabad, and Kandahar					
3.2.2. Treatment success rate for pediatric TB patients	Kabul	Quarterly		N/A		The data is not collected through NTP surveillance system (the data is aggregated)
3.2.15. No./% of prisons providing DOTS	Geographical location	Annually	2 (2015)	6	6 (2016)	
3.1.1. No./% of cases notified by setting (e.g., private sector, pharmacies, prisons) and/or population (e.g., gender, children, miners, urban slums) and/or case finding approach	CTB intervention process: Urban DOTS and CB-DOTS)	Quarterly	9,952 (2015) (8,500 in CTB cities + 1,452 from CB-DOTS)	11,013 (9,400 in CTB cities + 1,613 from CB-DOTS)	Refer to Table 11 above.	
3.1.4. Number of MDR-TB cases detected	National (CTB does not cover this area)	Quarterly	90 (2014)		Refer to Table 9.	
3.2.7. Number and percent of MDR-TB cases	National (No CTB investme	Annually	67% (cohort 2011)		Measured annually	

successfully treated	nt)					
3.2.20. No./% of HFs providing CB-DOTS services	Geography	Annually	450 (2014)	500	Measured annually	

Sub-objective:	**9. Drug and commodity management systems**					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date (Oct 2015-Mar 2016)**	**Comments**
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	Geography, national (CTB does not address this area)	annually	0 (2015)		Measured annually	
Sub-objective:	**11. Human resource development**					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date (Oct 2015-Jun 2016)**	**Comments**
11.1.3. No. of health care workers trained, by gender and technical area	Gender, Cadre	Quarterly	510 (2015)	740	1,082 (91 female, 991 male)	

11.1.5. % of USAID TB funding directed to local partners	Geography	annually	3,670 (2015)	12500		